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CONFIRMATION NO. 9563

Bib Data Sheet

SERIAL NUMBER 10/687,860	FILING DATE 10/17/2003	CLASS 378	GROUP ART UNIT 2882	ATTORNEY DOCKET NO. 63564-072 (ACCL-133)
RULE				

APPLICANTS

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** CONTINUING DATA *****

None

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 01/20/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>Hanselby</i> <i>HKS</i> Examiner's Signature Initials	CA	4	38	6

ADDRESS

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TITLE

Patient positioning assembly for therapeutic radiation system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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